

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER  
MAYOR



DR. UNIQUE MORRIS-HUGHES  
DIRECTOR

SMARTRIP CARD RECEIPT

I, \_\_\_\_\_ certify that I am a customer in good standing in the  
(Print Name)  
Workforce Innovation & Opportunity Act program (WIOA).

This is to acknowledge that on \_\_\_\_\_, I received the following SmarTrip  
card(s) to assist with transportation.

SmarTrip Card #: \_\_\_\_\_ Value: \_\_\_\_\_

SmarTrip Card #: \_\_\_\_\_ Value: \_\_\_\_\_

SmarTrip Card #: \_\_\_\_\_ Value: \_\_\_\_\_

Customer: \_\_\_\_\_  
(Signature) ( State ID # )

Issued by: \_\_\_\_\_  
(Signature) (Print Name)

Case Manager: \_\_\_\_\_

Training Institution: \_\_\_\_\_

Training Site Location: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Adult or Dislocated Worker registered in WIOA activities (non-Training):

☐ Job Search ☐ Job Interview ☐ Training Research ☐ Approved Extension ☐ Other \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_